



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION

8-790-005  
5-01  
PRINT OR TYPE

**RECOMMENDATION FOR MISSOURI MINORITY TEACHER EDUCATION SCHOLARSHIP**

NAME OF APPLICANT	SCHOOL NAME	SOCIAL SECURITY NUMBER
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☐ PRINCIPAL/DEPARTMENT CHAIR/COUNSELOR ☐ TEACHER/PROFESSOR ☐ BUSINESS/PROFESSIONAL

**INSTRUCTIONS ►** The above named student is applying for the Missouri Minority Teacher Education Scholarship. Please rate this individual with respect to other students of comparable age and experience by placing an "X" in the appropriate block. **THIS RECOMMENDATION MUST BE RETURNED BY THE APPLICANT NO LATER THAN FEBRUARY 15. APPLICATIONS THAT DO NOT CONTAIN THE THREE RECOMMENDATION FORMS WILL NOT BE CONSIDERED.**

		SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	NO BASIS FOR RATING
1. <b>PERSONALITY</b> Ability to make favorable impression, friendliness, courteousness							
2. <b>ATTITUDE</b> Cooperativeness, receptiveness to criticism or suggestions, ability to work with others							
3. <b>MATURITY</b> Emotional conduct							
4. <b>ORIGINALITY and INITIATIVE</b> Creative ability, imagination, soundness of ideas							
5. <b>MOTIVATION</b> Thoroughness, desire to accomplish objectives, drive, persistence							
6. <b>DEPENDABILITY</b> Ability to get results, reliability, promptness, attendance							
7. <b>COMMUNICATION SKILLS</b>	Written Expression						
	Oral Expression						
8. <b>INTERPERSONAL SKILLS</b> Leadership, participation in groups, ability to contribute to another's activity							

**GENERAL COMMENTS** – PLEASE COMMENT ON THE ABOVE CHARACTERISTICS OR ON THE SPECIAL QUALITIES OF THIS APPLICANT.

**VERIFICATION OF ETHNICITY**

APPLICANT IS A MEMBER OF THIS ETHNIC GROUP

☐ AFRICAN AMERICAN ☐ HISPANIC AMERICAN  
☐ ASIAN AMERICAN ☐ NATIVE AMERICAN ☐ WHITE

☐ KNOW WELL THROUGH MULTIPLE CONTACTS ☐ KNOW FAIRLY WELL THROUGH CONTACTS ☐ HAVE HAD SOME CONTACT WITH

NAME OF PERSON PREPARING THIS RECOMMENDATION		POSITION
ADDRESS	SIGNATURE	DATE